

**MIAMI-DADE OCED FY 2006  
ACTIVITY SUMMARY FOR PRESENTATION TO  
COMMUNITY ADVISORY COMMITTEES**

Please submit one (1) form for each proposed activity.

AGENCY NAME: .....

CONTRACT PERSON (NAME AND TITLE): .....

TELEPHONE NUMBER: ..... FAX NUMBER: ..... E. MAIL: .....

APPLICANT ADDRESS: .....

ACTIVITY TITLE: .....

TYPE OF ACTIVITY:

- ☐ HOUSING
- ☐ PUBLIC SERVICES
- ☐ HISTORIC PRESERVATION
- ☐ ECONOMIC DEVELOPMENT
- ☐ CAPITAL IMPROVEMENT

LOCATION OF ACTIVITY (ADDRESS OR FOLIO NUMBER): .....

CITY: ..... ZIP: .....

ACTIVITY DESCRIPTION:

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LIST THE COMMISSION DISTRICTS THE ACTIVITY WILL SERVE (1 thru 13): .....

LIST THE FUNDING SOURCES:

- ☐ CDBG
- ☐ HOME
- ☐ SHIP
- ☐ SURTAX
- ☐ ESG

AMOUNT OF FUNDS REQUESTED FOR FY 2006:

TOTAL PROJECT COST:

The form must be completed for each proposed activity and returned c/o Zafar Ahmed, Director CD Division at OCED, fax (305) 372-6304